

**ARKANSAS BOARD OF REGISTRATION FOR
PROFESSIONAL ENGINEERS AND LAND SURVEYORS**
P.O. Box 3750
Little Rock, Arkansas 72203
www.state.ar.us/pels/
Phone (501) 682-2824
Fax (501) 682-2827

Date Received Application: _____

Check: _____

**APPLICATION FOR REGISTRATION
AS AN ENGINEER INTERN**

GENERAL INFORMATION

Name in full _____

If you have ever used another name list it here _____

Social Security # _____

Telephone (H) _____ (Fax) _____

Telephone (O) _____ Ext. _____

Employer _____ E-Mail _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Is this your work address? _____

Present Position _____

Place of Birth _____

Date of Birth _____ Age _____

Are you a U.S. citizen? _____ If not, where? _____

Have you taken the Fundamentals of Engineering (FE) exam previously?

Yes ☐ No ☐ Where? _____ When? _____

Date _____

Please tape sides down

**Attach Recent Photograph
With Face Not Less
Than ¾" Wide**

Photo taken on _____ mo/yr

EDUCATION

Graduated from _____ High School on _____ (m/year).

COLLEGE EDUCATION

INSTITUTION ATTENDED		PERIOD OF ATTENDANCE			DATE	DEGREE
NAME	LOCATION	FROM	TO	YEARS	MAJOR	GRADUATED RECEIVED

REFERENCES

Give the names of 3 references, **not relatives and not members of this Board**. Two must be current licensed professional engineers who are familiar with your work.

Name, Title	Mailing Address—Street and Number	City	State	Zip Code

MEMBERSHIP IN SOCIETIES, ASSOCIATIONS, OR INSTITUTIONS (Professional or Scientific)

Name of Organization	Location	Grade of Membership	Date of Entrance

I do hereby certify that I have read the Rules and Regulations of the Board, the Rules of Professional Conduct, and by submitting this application agree to be bound by the Acts of Arkansas, the Rules and Regulations of the Board, the Rules of Professional Conduct and that a violation of any of the above could be the basis for revocation of my license.

Signature of Applicant

AFFIDAVIT

(To be attested before a Notary Public or other officer authorized to administer oaths)

State of _____

County of _____

On the day of _____, 20____, before the undersigned, a Notary Public, in and for the County and State

Aforesaid, came _____

a resident of _____, County and State of _____, known to me as the person herein described and subscribing hereto, as having signed the form of application attached hereto, and on oath deposes and says that the statements made are true.

Signature of Affiant _____

Subscribed and sworn to before me, this _____ day of _____, 20____

(Notary Public)

ENDORSEMENT

I, _____, _____
(Name) (Title or Position)

of the _____ hereby certify that I have examined the foregoing record which to the best
EMPLOYER OR SUPERVISOR

of my knowledge and belief is correct and recommend that the applicant named herein be approved for examination as an Engineer Intern.

EMPLOYER OR SUPERVISOR SIGNATURE



**ARKANSAS
STATE BOARD OF REGISTRATION
FOR PROFESSIONAL ENGINEERS**

**P.O. BOX 3750
LITTLE ROCK, ARKANSAS 72203**

**www.arkansas.gov/pels
Phone (501) 682-2824
Fax (501) 682-2827**

Office of Registrar: _____ (College Name)

Applicant's (first, middle and last) Name: _____

S.S. #: _____ Birthdate: _____ Phone: _____

Dear Sir or Madam:

The above named individual has filed an application for registration with this Board. In regard to his/her education, he/she states as follows:

List Types of Degrees and Dates Received:

Registrar Completes: place college seal here

Correct: _____

Incorrect: _____

Registrar's name _____

Phone number _____

Date: _____

Please check your records and advise this Board as to the accuracy of that portion of his/her educational record which pertains to your school. Your cooperation in this matter will be sincerely appreciated.

Yours very truly,
Executive Director

**ARKANSAS STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS
AND LAND SURVEYORS**

NOTE: Applicant should complete top portion and forward to college with stamped envelope addressed to Arkansas Board, P.O. Box 3750, Little Rock, AR 72203.

**Arkansas Board of Registration for
Professional Engineers and Land Surveyors**
P.O. Box 3750
Little Rock, AR 72203

Engineer Intern Reference Form

Applicant's Name

Note: The applicant will forward this form to each reference. Each reference is requested to complete it fully and forward it directly to the Board.

(Please use black typewriter ribbon or a dark ball-point pen)

PERTAINING TO APPLICANT

1. I have known the applicant for _____ years.
2. I (am) (am not) related. Relationship _____
3. Applicant is employed by _____
4. Applicant's general reputation and character are _____
5. I believe applicant's technical ability to be (fair) (average) (good) (excellent) (superior).
6. My business connection with applicant (is) (has been) _____

7. The following is my evaluation of the applicant's ability as an engineer _____

PERTAINING TO REFERENCE

My business of profession is _____

I am a current professional engineer in the state of _____ Reg.No. _____

I am associated with _____

Address: _____

(Please Type or Print Your Name)

(Your Signature)

Daytime Phone: () - _____

Date: _____

IMPORTANT – Do Not Fill Out until you read and understand this form.

EI EXPERIENCE SHEETS

1. Make statements brief and concise, designating each change in position on a separate engagement. Include the scope and complexity of work as well as your duties and degree of responsibility. If necessary, additional sheets may be used. (Begin with your earliest experience.)
2. Each of the six columns under “Time” should be filled out for each engagement, using years and tenths of years (ie. 3 months would be .25, 6 months would be .5, and 9 months would be .75). Do not leave blank spaces, and do not use the word “yes”.
3. The time in “Sub-Professional (non-engineering) Work” (includes all time before date of BS Degree) plus the time in “Professional Work” must equal the time entered under “Total Time”. (Total Time must equal calendar time.)

Date		Title of Position, Name of Employer and Character of Each Engagement	Time (Years in Decimals)						Name and Address Of Supervisor Reg. No. if Applicable		
From	To		“Other” Work (1)	Professional Work				Total Time Col. 1 + 5			
				Design (2)	Super- vision (3)	Responsible Charge (4)	Total Col. 2,3,4 (5)				

EI Experience Sheet – last page

Date		Title of Position, Name of Employer and Character of Each Engagement	Time (Years in Decimals)						Name and Address Of Supervisor Reg. No. if Applicable
From	To		“Other” Work (1)	Professional Work				Total Time Col. 1 + 5	
				Design (2)	Super- vision (3)	Responsible Charge (4)	Total Col. 2,3,4 (5)		

Total Time in “Other” Work _____

Total Time in Design _____

Total Time in Supervision _____

Total Time in Responsible Charge _____

Total Time in Professional Work _____

Total Time (Not to exceed calendar time) _____